



Michigan Family Independence Agency
**CHILD DEVELOPMENT AND CARE
ATTENDANCE / BILLING RECORD**

**FIA BILLING PHONE NO: (888) 779-2775 (Touch-tone)
(888) 826-1772 (Voice)**

Include only absences for child's illness and State of Michigan holidays if charged for. See FIA Pub 230B, CDC Provider Handbook and Telephone Billing Instructions.

In "Charge For Care" box, enter the total amount rounded to the nearest whole dollar. Do **not** include a decimal point or cents.

BILLING/ATTENDANCE PERIOD DATES										PAY PERIOD # (ONE PER FORM)			PAGE #
TO													
Provider ID Number													

**Use this form when you call in your billing
at the end of the pay period. Keep this form
for four years as a record of attendance.**

Confirmation Number _____

										SU	MO	TU	WD	TH	FR	SA	SU	MO	TU	WD	TH	FR	SA	TOTAL				
Child's Name																										Child Care Hours		
Child ID #																										Child Ill/Holidays		
Case #																										Charge for Care: \$		
Child's Name																										Child Care Hours		
Child ID #																										Child Ill/Holidays		
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Child's Name																										Child Care Hours		
Child ID #																										Child Ill/Holidays		
Case #																										Charge for Care: \$		

I certify that: • the above billing information is true and accurate to the best of my knowledge based on available information. • I am not charging the FIA more than I charge the general public. • I keep permanent and accurate records for four years of daily attendance of all children served. • The parents of the children in care have unlimited access to their children while they are in my care. I understand that if benefits are overpaid for any reason, the extra benefits received will have to be repaid. If intentional misrepresentation caused the overpayment, the responsible party including any adult in the program group or the group's authorized representative or provider of goods or services may be prosecuted for fraud.

DATE: _____	AUTHORIZED PROVIDER SIGNATURE: _____
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INSTRUCTIONS

Complete all the information requested if it is not pre-printed

PROVIDER NAME AND ADDRESS: Print your name and address in the upper-left corner.

BILLING/ATTENDANCE PERIOD DATES: Print the first and last dates of the pay period the billing covers. See CDC Provider Handbook and Telephone Billing Instructions, Pub 230B for pay period dates.

PAY PERIOD NUMBER: Print the number of the pay period that corresponds to the billing dates. Use a separate FIA-805 for each pay period.

PAGE NUMBER: Print the page number.

Provider ID Number: Print the 7-digit number (**not** license number) assigned to the child care provider to be used when billing the Agency, if not preprinted. (See FIA-198, Child Development and Care Certificate / Notice of Authorization)

Confirmation Number: Enter the confirmation number you get at the end of the phone call you make reporting your billing information.

Child's Name: Print the full name of each child, for whom care has been authorized, for the billing period.

Child's ID Number: Print the child's eight-digit identification (ID) number. (See FIA-198)

Case Number: Print the case number assigned to the child's family. (See FIA-198)

Child Care Hours: Print the number of hours of care that were actually provided in the box under each day that care was provided. Include tenths of hours. (Example: 3.5.) **This may be less or more than the number of hours authorized on the FIA-198. Leave blank any days the child did not attend.**

Child Ill/Holidays: State of Michigan holidays and absences due to the **child's illness** can be billed if you charge the general public (all customers) for holiday or absences due to illness. See the CDC Provider Handbook and Telephone Billing Instructions, FIA Pub-230B. Print the number of hours being billed in the box under the day that the holiday or the absence occurred. Include tenths of hours. (Example: 3.5.) Do not enter more hours than the child normally would have been in care that day.

TOTALS:

Child Care Hours: Add the hours of care for all of the days in the row labeled "Child Care Hours" and print the total in this box. Round up if there is a part of an hour reflected in the total. (Example: 45.3 is rounded up to 46.) **You may only bill for care that was actually provided. This may be less or more than the number of hours authorized, but not more than 140 hours per pay period.**

Child Ill/Holidays: Add the hours for all of the days in the row labeled "Child Ill/Holidays" and print the total in this box. Round up if there is a part of an hour reflected in the total. (Example: 8.5 is rounded up to 9.)

Charge for Care: Print the **total** amount **rounded to the nearest dollar** for the total hours you are billing FIA for this **two-week pay period** for the care of this child. **No cents are to be entered, including zeros.** (Example: Your charge for full time care is \$80.20 per week and this child was in care full time for both weeks. Enter \$160 in this box.)

EXAMPLE:

								SU	MO	TU	WD	TH	FR	SA	SU	MO	TU	WD	TH	FR	SA	TOTAL		
Child's Name									1.5	4	6	9				7	8	3	1.8	5		Child Care Hours		
																						4	6	
Child ID #																						Child Ill/Holidays		
Case #																						Charge for Care:		
																						\$		

AUTHORIZED PROVIDER SIGNATURE AND DATE: The person authorized to complete the FIA-805 signs the form and fills in the date and their phone number. The signature must be legible and is mandatory.

At the end of the pay period, call the FIA BILLING PHONE NUMBER to report care hours and your charge for care. **Use the touch-tone number if you have touch-tone service. Use the voice number if you do not have touch-tone service.** You will be asked to enter your Provider ID Number and your Personal Identification Number (PIN). Use the last four digits of your social security number or your Tax ID Number. Do not call between 7:00 p.m. and 9:00 p.m. on Wednesdays or 4:00 p.m. to midnight on Sundays.

If you have questions about payments, contact Payment Document Control at 1-800-444-5364.

FAMILIES ARE RESPONSIBLE FOR PAYMENT OF ANY AMOUNT NOT PAID BY FIA.

The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.

AUTHORITY: P.A. 280 of 1939.
RESPONSE: Mandatory.
PENALTY: Day Care Provider would not get paid.